



OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Instructions

Tear this sheet off your report, read and carefully follow the directions.

EVERY driver involved in an accident resulting in any of the following MUST file an *Accident Report*:

- **Damage to any one person's property over \$1000;**
- **Injury (No matter how minor); or**
- **Death.**

Oregon law requires these reports be filed within 72 hours of the accident. If you are not able to file within the 72 hours, submit it as soon as possible. If you fail to report the accident to DMV, it may result in suspension of your driving privileges. If the police department files a police report, you are **still** required to file your own Accident Report with DMV. If you are an out-of-state resident, you are **still** required to file your own Accident Report with DMV. DMV does not determine fault in an accident, but does post the accident to the driving record of each driver involved, unless the vehicle is parked.

PRINT OR TYPE ALL INFORMATION. (Use black or dark blue ink and press firmly.)

- Complete both sides of the form.
- If additional vehicles were involved in the accident, complete the *Supplemental Report* (Form 735-32B), or on a blank piece of paper, write all the information as requested in the "Other Driver" section.
- Mail the form to Accident Reporting Unit, DMV, 1905 Lana Ave NE, Salem OR 97314, or deliver it to any DMV office.
- DMV headquarters will verify the insurance information submitted. Complete the insurance section or a suspension of your driving privileges may occur.

DATE, LOCATION AND TIME — Clearly identify the date, location and time of the accident. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

YOUR INFORMATION — DMV will consider your accident uninsured if you do not complete **ALL** of this section. You must list the insurance company name that provided liability coverage for your operation of the vehicle you were driving at the time of the accident. Note the coverage is for liability insurance, not collision or comprehensive coverage. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

Answer all of the employment questions. DMV will use the information provided in these questions to code the accident. It is important for you to understand "principal purpose of driving" and "paid to drive." These include **ONLY** persons employed or being paid for the purpose of driving, **NOT** driving to reach a destination to perform a service.

OTHER DRIVER — Completion of this information will help DMV match all driver's accident reports more efficiently.

SIGNATURE — It is important for you to sign and date the form.

OTHER SIDE OF FORM — Complete the other side of the form, including an explanation of what happened at the time of the accident. Information collected from both sides of this form helps officials make valuable transportation decisions about the roadway systems and driver safety.

YOUR COPY — Under Oregon law 802.220 (5), DMV can not provide you a copy of your *Oregon Traffic Accident and Insurance Report*. If you wish to have a complete copy of your report (front and back), **you** will need to make a copy for your records.

RECEIPT — Attached is a PINK courtesy copy of your report. After you have completed both sides of the form, tear the PINK copy off for your records. If you want a receipt, you must bring the form, with the PINK copy, to a DMV office. Have your copy validated. Without a receipt, you will have no proof of submitting a report.

PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.

NOTE TO COMMERCIAL MOTOR VEHICLE OPERATORS: In addition to this report, Oregon Law requires Form 735-9229, Motor Carrier Accident Report, **MUST** be filed within 30 days of a commercial motor vehicle accident when there is a **FATALITY, INJURY** (requiring treatment away from the scene), or when a vehicle is **TOWED** from the scene.